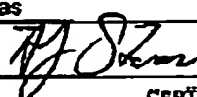
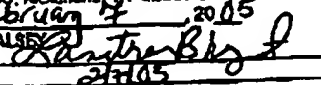


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S&H Form: (12/04)

REPLY/AMENDMENT FEE TRANSMITTAL		Attorney Docket No.	122.1435		
		Application Number	09/772,919		
		Filing Date	January 31, 2001		
		First Named Inventor	Kazutaka KOCHI et al.		
		Group Art Unit	2143		
AMOUNT ENCLOSED	\$120.00	Examiner Name	BOUTAH, ALINA A		
FEE CALCULATION (fees effective 12/08/04)					
CLAIMS AS AMENDED	Claims Remaining After Amendment	Highest Number Previously Paid For	Number Extra	Rate	Calculations
TOTAL CLAIMS	17	20 =	0	X \$ 50.00 =	\$ 0.00
INDEPENDENT CLAIMS	8	8 =	0	X \$ 200.00 =	0.00
Since an Official Action set an original due date of February 5, 2005, petition is hereby made for an extension to cover the date this reply is filed for which the requisite fee is enclosed (1 month (\$120)); (2 months (\$450)); (3 months (\$1,020)); (4 months (\$1,590)); (5 months (\$2,160));					120.00
If Notice of Appeal is enclosed, add (\$500.00)					
If Statutory Disclaimer under Rule 20(d) is enclosed, add fee (\$130.00)					
Information Disclosure Statement (Rule 1.17(p)) (\$180.00)					
Total of above Calculations =					\$ 120.00
Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27 & 1.28)					
TOTAL FEES DUE =					\$ 120.00
(1) If entry (1) is less than entry (2), entry (3) is "0". (2) If entry (2) is less than 20, change entry (2) to "20". (4) If entry (4) is less than entry (5), entry (5) is "0". (5) If entry (5) is less than 3, change entry (5) to "3".					
METHOD OF PAYMENT					
<input type="checkbox"/> Check enclosed as payment. <input checked="" type="checkbox"/> Charge "TOTAL FEES DUE" to the Deposit Account No. below. <input type="checkbox"/> No payment is enclosed and no charges to the Deposit Account are authorized at this time (unless specifically required to obtain a filing date).					
GENERAL AUTHORIZATION					
<input checked="" type="checkbox"/> If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit any overpayment or charge any additional fees necessary to: Deposit Account No. 19-3935 Deposit Account Name STAAS & HALSEY LLP					
<input checked="" type="checkbox"/> The Commissioner is also authorized to credit any overpayments or charge any additional fees required under 37 CFR 1.16 (filing fees) or 37 CFR 1.17 (processing fees) during the prosecution of this application, including any related application(s) claiming benefit hereof pursuant to 35 USC § 120 (e.g., continuations/divisionals/CIPs under 37 CFR 1.53(b) and/or continuations/divisionals/CPAs under 37 CFR 1.53(d)) to maintain pendency hereof or of any such related application.					
SUBMITTED BY: STAAS & HALSEY LLP					
Typed Name	H. J. Staas		Reg. No.	22,010	
Signature			Date	Feb. 7, 2005	

CERTIFICATE OF FACSIMILE TRANSMISSION
 I hereby certify that this correspondence is being transmitted via facsimile to: Commissioner for Patents,
 P.O. Box 1450, Alexandria, VA 22313-1450
 09778919 February 4, 2005
 STAAS & HALSEY
 By: 
 Date: 2/7/05

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04/05/2005 KWATSON 00000011 193935 09778919

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PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application and Filing Number
9.712919**CLAIMS AS FILED - PART I**

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	*
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

RATE	FEE
	\$
X \$	=
X \$	=
+ \$	=
TOTAL	

RATE	FEE
	\$
X \$	=
X \$	=
+ \$	=
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	17	Minus	20	=
	Independent (37 CFR 1.16(b))	18	Minus	3	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE
X \$ 25	
X \$ 100	
+ \$ 180	
TOTAL ADD'L FEE	

RATE	ADDI- TIONAL FEE
X \$ 50	
X \$ 200	
+ \$ 360	
TOTAL ADD'L FEE	

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))		Minus		=
	Independent (37 CFR 1.16(b))		Minus		=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE
X \$ 25	
X \$ 100	
+ \$ 180	
TOTAL ADD'L FEE	

RATE	ADDI- TIONAL FEE
X \$ 50	
X \$ 100	
+ \$ 360	
TOTAL ADD'L FEE	

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))		Minus		=
	Independent (37 CFR 1.16(b))		Minus		=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE
X \$ 25	
X \$ 100	
+ \$ 180	
TOTAL ADD'L FEE	

RATE	ADDI- TIONAL FEE
X \$ 50	
X \$ 100	
+ \$ 360	
TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.